

|  |   |          |                                    |
|--|---|----------|------------------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br><i>(fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</i> |   |          | Docket Number<br><b>49931-0081</b> |
| In re Application of   | Edward W. MERRILL et al.  |          |                                    |
| Application Number   | 10/696,362  | Filed    | October 30, 2003                   |
| For  | RADIATION AND MELT TREATED ULTRA HIGH MOLECULAR WEIGHT POLY-ETHYLENE PROSTHETIC DEVICES |          |                                    |
| Art Unit   | 1711  | Examiner | S. Berman                          |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter appropriate fee below):

|  | Fee     | Small Entity Fee |                   |
|--|---------|------------------|-------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$ 120  | \$ 60            | \$ _____          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$ 450  | \$ 225           | \$ _____          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 1020 | \$ 510           | \$ <b>1020.00</b> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$ 1590 | \$ 795           | \$ _____          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$ 2160 | \$ 1080          | \$ _____          |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3840.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

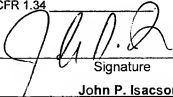
☒ attorney or agent of record. Registration Number: 33,715

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

June 8, 2007  
Date

(202) 416-6800  
Telephone Number

Customer No.: 61263

  
 \_\_\_\_\_  
 Signature  
John P. Isacson  
 Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.